

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10-581761

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2		1				
3						
4		0				
5		0				
6						
7		1				
8		0				
9		0				
10		0				
11		1				
12	1					
13		1				
14		1				
15		1				
16		1				
17		1				
18	1					
19	1	0				
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50						
TOTAL IND.	13	↓		↓		↓
TOTAL DEP.	17	←		←		←
TOTAL CLAIMS	20					

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						